

FEB 28 2007

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FACSIMILE COVER SHEET

DATE: February 28, 2007

TO: Examiner Ruth S. Smith
TC Art Unit: 3737

Fax No.: (571) 273 8300

FROM: Thomas O. Hoover

No. of pages transmitted
(including this page): 2

Our File: NLI-001AX

Time:

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Sent by: Tanya

Application No. 08/745,509

Filed Date: 11/12/96

Confirmation No.: 6390

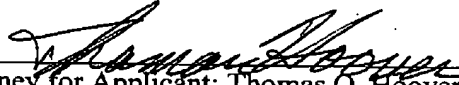
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MESSAGE

PLEASE DELIVER DIRECTLY TO:
EXAMINER Smith, Tel. (571) 272 4745
TC ART UNIT NO: 3737

FOR ENTRY

Enclosed for filing please find a: Notice of Appeal.

The Commissioner is hereby authorized to Charge Deposit Account No. 23-0804 for any additional filing fees associated with this communication or credit any overpayment.


Attorney for Applicant: Thomas O. Hoover
Registration No. 32,470

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THIS MESSAGE MAY CONTAIN CONFIDENTIAL OR PRIVILEGED INFORMATION INTENDED ONLY FOR THE PERSON(S) IDENTIFIED ABOVE. IF IT HAS BEEN RECEIVED AT ANY OTHER PLACE OR HAS NOT BEEN CLEARLY RECEIVED, PLEASE CALL THE ABOVE IDENTIFIED SENDING PARTY COLLECT FOR INSTRUCTIONS. DO NOT SHOW OR DISTRIBUTE THIS MESSAGE TO ANYONE OTHER THAN THE INTENDED RECIPIENT(S). THANK YOU.

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Rev 01/07

Application No. 08/745,509
Filed: 11/12/96
TC Art Unit: 3737
Confirmation No: 6390WEINGARTEN, SCHURGIN, GAGNEBIN & LEBOVICI LLP
Ten Post Office Square
Boston, Massachusetts 02109
Telephone: (617) 542-2290
Telecopier: (617) 451-0313

Date: February 28, 2007

Attorney
Docket No.: NLI-001AX

NOTICE OF APPEAL FROM THE PRIMARY EXAMINER TO THE BOARD OF APPEALS

In re application of: Feld et al.

Entitled: RAMAN ENDOSCOPE.

VIA FACSIMILE

Sir:

Applicant hereby appeals to the Board of Appeals from the decision dated August 28, 2006 of the Examiner finally rejecting claims 29-34, 36-38.

The Commissioner is authorized to charge payment of \$500.00 to Deposit Account No. 23-0804 for the cost of the Notice of Appeal.

The following checked items are appropriate:


A timely response to the final rejection:

☐ has been filed ☐ is hereby filed

An extension of time to respond to the final rejection:

1. ☐ was requested on _____ for _____ month(s);
 2. ☒ is hereby requested for 3 month(s) the Commissioner is authorized to charge payment of \$1,020.00 to Deposit Account No. 23-0804.
 3. ☐ is included on the enclosed amendment transmittal form along authorization to charge \$_____ to Deposit Account No. 23-0804 for the extension fee.
- ☐ In the event a Petition for Extension of Time is required by this paper and not otherwise provided, such Petition is hereby made and authorization is provided herewith to charge Deposit Account No. 23-0804 for the cost of such extension.
- ☒ The Commissioner is hereby authorized to charge payment of any additional filing fees under \$1.16 associated with this communication or credit any overpayment to Deposit Account No. 23-0804.

I hereby certify that this correspondence is being sent via facsimile to Examiner Smith, TC Art Unit 3737, Fax No. (571) 273 8300 on February 28, 2007


Attorney of Record: Thomas O. Hoover
Registration No.: 32,470

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02 FC:1253 1020.00 DA